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BIBDATA SHEET

CONFIRMATION NO. 3034

Bib Data Sheet

SERIAL NUMBER 09/393,633	FILING DATE 09/10/1999 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 2005654-2053
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APPLICANTS

3. MURAD SARP, CHARLOTTESVILLE, VA;

OIN HEANEY, NOKOMIS, FL;

** CONTINUING DATA ***** *NONE OF*** FOREIGN APPLICATIONS ***** *NONE OF*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/27/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 8	TOTAL CLAIMS <i>31</i>	INDEPENDENT CLAIMS <i>2</i>
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>David Escalante</i> Initials <i>EE</i>				

ADDRESS

Michael J. Coalitz, III
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TAMPA, FL
33602

TITLE

TELEPHONE SWITCHING SYSTEM WITH DATA INTEGRATION

FILING FEE

RECEIVED
958FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit



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APPLICANTS S. MURAD SARP, CHARLOTTESVILLE, VA; EOIN HEANEY, NOKOMIS, FL;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/27/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY VA	SHEETS DRAWING 8	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
ADDRESS Michael J. Coalitz, III Holland & Knight L.L.P. 100 NORTH TAMPA STREET, SUITE 4100 TAMPA, FL 33602-3644					
TITLE TELEPHONE SWITCHING SYSTEM WITH DATA INTEGRATION					
FILING FEE RECEIVED 958	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		